

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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1380815.06
Michael G. Adams
Secretary of State
Received and Filed
7/23/2024 12:00:00 AM
Fee receipt: \$90

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:

1. The entity is a **limited liability company**.

2. The name of the entity is

SMOKE DEPOT AND WIRELESS LLC

3. The name of the entity to be used in Kentucky is

SMOKE DEPOT AND WIRELESS LLC

4. The state or country under whose law the entity is organized is **Ohio**.

5. The date of organization is **10/4/2023** and the period of duration is **perpetual**.

6. The mailing address of the entity's principal office is

2503 Chelsea Dr, Fort Mitchell, KY 41017

7. The name of the initial registered agent is

AMIN DASOUKI

and the street address of the entity's initial registered office in Kentucky is

2503 Chelsea Dr, Fort Mitchell, KY 41017

8. The names and business addresses of the entity's representatives:

Registered Agent	AMIN DASOUKI	2503 Chelsea Dr, Fort Mitchell, KY 41017
Authorized Rep	AMIN DASOUKI	2503 Chelsea Dr, Fort Mitchell, KY 41017
Authorized Rep	ODAI SHABEEB	2503 Chelsea Dr, Fort Mitchell, KY 41017

9. This entity is managed by **Members**.

10. This application will be effective on **Tuesday, July 23, 2024**.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **Authorized Rep: AMIN DASOUKI**

I, **AMIN DASOUKI**, consent to sign for **AMIN**
serves as the Registered Agent on behalf of
July 23, 2024.

1380815.06**Michael G. Adams****Secretary of State**

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